FWP Grant
GROUP Volunteer Hours Log

Grant Program for which hours are being tracked for (Check One): ☐ (RTP) ☐ (TSP) ☐ (OHV) ☐ (SMTP) ☐ (SNOW)

Date of Work	Volunteer Full Name	Short Description of Work Performed	Number of Hours Worked	Value (Hours x $25/hr)	Volunteer Signature **and Date**
		Total from this Form:			

Name of Organization Holding FWP Award: _____ **Award Year:** _____

Award Contact Name: _____ **Signature and Date:** _____

The volunteer must provide his/her full name, signature, and date to certify the information is correct. Typed signatures are not acceptable.

FWP Grant
Individual Volunteer Hours

Grant Program for which hours are being tracked for (Check One): ☐ (RTP) ☐ (TSP) ☐ (OHV) ☐ (SMTP) ☐ (SNOW)

Volunteer Name: _____ **Volunteer Signature and Date:** _____

Date of Work	**Hours Worked**	**Work Performed** (e.g. Restoration and maintenance on Trail 388)

Total Hours Worked from this Log:		**Total Amount Claimed as Match (Total Hours Worked x $25/Hour):**	

Name of Organization Holding FWP Award: _____ **Award Year:** _____

Contact Name: _____ **Signature and Date:** _____

The volunteer must provide his/her full name, signature, and date to certify the information is correct. Typed signatures are not acceptable.
A designee (contact) from the organization holding the award must provide his/her signature/date as concurrence. Typed signatures are not acceptable.
All fields must be completed for the hours to be eligible as match.